

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**TIME-LIMITED SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES**

This program provides a time-limited supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided, above the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided between January 1, 2020 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each Procedure Code, as published on the Medi-Cal Rates website:  
<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0424	\$1.64	A0435	\$1.43
93041	\$0.51	A0425	\$0.36	A0436	\$2.21
A0130	\$4.41	A0426	\$10.72	T2001	\$0.55
A0380	\$0.33	A0428	\$10.72	T2005	\$2.63
A0420	\$1.98	A0430	\$127.50	T2007	\$1.13
A0120	\$1.77	A0390	\$0.13		
A0422	\$1.00	A0431	\$180.00		

3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agency (LEA), and other providers that are reimbursed on a cost-based system.